

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

National Nurses United PAC - A Fund for a Healthy America

ADDRESS (number and street) ▼

8630 Fenton Street, Suite 1100

☐ Check if different than previously reported. (ACC)

Silver Spring

MD

20910

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00446237

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☒ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Martha Kuhl

Signature of Treasurer

Martha Kuhl

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

National Nurses United PAC - A Fund for a Healthy America

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
07 / 01 / 2015 To: M M / D D / Y Y Y Y Y Y
12 / 31 / 2015

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2015		36714.60
(b) Cash on Hand at Beginning of Reporting Period.....	44850.85	
(c) Total Receipts (from Line 19)	13271.25	24544.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	58122.10	61258.60
7. Total Disbursements (from Line 31)	14234.40	17370.90
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	43887.70	43887.70
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

National Nurses United PAC - A Fund for a Healthy America

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y
 07 01 2015

To:

 M M / D D / Y Y Y Y Y
 12 31 2015
I. Receipts
COLUMN A
Total This Period
COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

3110.00

3710.00

(ii) Unitemized

10161.25

20834.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

13271.25

24544.00

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

13271.25

24544.00

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3)

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

13271.25

24544.00

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

13271.25

24544.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	734.40	1870.90
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	734.40	1870.90
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	13500.00	15500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	14234.40	17370.90
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	14234.40	17370.90

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	13271.25	24544.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	13271.25	24544.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	734.40	1870.90
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	734.40	1870.90

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 67

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Nurses United PAC - A Fund for a Healthy America

Full Name (Last, First, Middle Initial)

A. Carolyn Bowden

Mailing Address 858 56th Street

City State Zip Code
 Oakland CA 94605

FEC ID number of contributing
federal political committee.

C

Name of Employer

CA Nurses Asso

Occupation

Labor Rep

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 / 15 / 2015

Transaction ID : C9818375

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Carolyn Bowden

Mailing Address 858 56th Street

City State Zip Code
 Oakland CA 94605

FEC ID number of contributing
federal political committee.

C

Name of Employer

CA Nurses Asso

Occupation

Labor Rep

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 / 31 / 2015

Transaction ID : C9818374

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Carolyn Bowden

Mailing Address 858 56th Street

City State Zip Code
 Oakland CA 94605

FEC ID number of contributing
federal political committee.

C

Name of Employer

CA Nurses Asso

Occupation

Labor Rep

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 08 / 15 / 2015

Transaction ID : C9818373

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

150.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 67

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Nurses United PAC - A Fund for a Healthy America

Full Name (Last, First, Middle Initial)

A. Carolyn Bowden

Mailing Address 858 56th Street

City State Zip Code
 Oakland CA 94605

FEC ID number of contributing
federal political committee.

C

Name of Employer

CA Nurses Asso

Occupation

Labor Rep

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 08 / 31 / 2015

Transaction ID : C9818370

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Carolyn Bowden

Mailing Address 858 56th Street

City State Zip Code
 Oakland CA 94605

FEC ID number of contributing
federal political committee.

C

Name of Employer

CA Nurses Asso

Occupation

Labor Rep

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 15 / 2015

Transaction ID : C9818371

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Carolyn Bowden

Mailing Address 858 56th Street

City State Zip Code
 Oakland CA 94605

FEC ID number of contributing
federal political committee.

C

Name of Employer

CA Nurses Asso

Occupation

Labor Rep

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : C9818372

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

150.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 67

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Nurses United PAC - A Fund for a Healthy America

Full Name (Last, First, Middle Initial)

A. Carolyn Bowden

Mailing Address 858 56th Street

City State Zip Code
 Oakland CA 94605

FEC ID number of contributing
federal political committee.

C

Name of Employer

CA Nurses Asso

Occupation

Labor Rep

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 15 / 2015

Transaction ID : C9818369

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Carolyn Bowden

Mailing Address 858 56th Street

City State Zip Code
 Oakland CA 94605

FEC ID number of contributing
federal political committee.

C

Name of Employer

CA Nurses Asso

Occupation

Labor Rep

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 31 / 2015

Transaction ID : C9818367

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Carolyn Bowden

Mailing Address 858 56th Street

City State Zip Code
 Oakland CA 94605

FEC ID number of contributing
federal political committee.

C

Name of Employer

CA Nurses Asso

Occupation

Labor Rep

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 15 / 2015

Transaction ID : C9818368

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

150.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

National Nurses United PAC - A Fund for a Healthy America

Full Name (Last, First, Middle Initial)

A. Carolyn Bowden

Mailing Address 858 56th Street

City	State	Zip Code
Oakland	CA	94605

FEC ID number of contributing
federal political committee.

C

Name of Employer

CA Nurses Asso

Occupation

Labor Rep

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
11		30		2015

Transaction ID : C9818364

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Carolyn Bowden

Mailing Address 858 56th Street

City	State	Zip Code
Oakland	CA	94605

FEC ID number of contributing
federal political committee.

C

Name of Employer

CA Nurses Asso

Occupation

Labor Rep

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
12		15		2015

Transaction ID : C9818365

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Carolyn Bowden

Mailing Address 858 56th Street

City	State	Zip Code
Oakland	CA	94605

FEC ID number of contributing
federal political committee.

C

Name of Employer

CA Nurses Asso

Occupation

Labor Rep

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
12		31		2015

Transaction ID : C9818366

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

150.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Nurses United PAC - A Fund for a Healthy America

Full Name (Last, First, Middle Initial)

A. Leslie Curtis

Mailing Address 1749 South Curtis Street

City State Zip Code
Pittsburg PA 60608

FEC ID number of contributing
federal political committee.

C

Name of Employer

NNU

Occupation

Labor Rep

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2015

Transaction ID : C9818417

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Leslie Curtis

Mailing Address 1749 South Curtis Street

City State Zip Code
Pittsburg PA 60608

FEC ID number of contributing
federal political committee.

C

Name of Employer

NNU

Occupation

Labor Rep

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 31 / 2015

Transaction ID : C9818416

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Leslie Curtis

Mailing Address 1749 South Curtis Street

City State Zip Code
Pittsburg PA 60608

FEC ID number of contributing
federal political committee.

C

Name of Employer

NNU

Occupation

Labor Rep

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2015

Transaction ID : C9818415

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Nurses United PAC - A Fund for a Healthy America

Full Name (Last, First, Middle Initial)

A. Leslie Curtis

Mailing Address 1749 South Curtis Street

City

Pittsburg

State

PA

Zip Code

60608

FEC ID number of contributing
federal political committee.

C

Name of Employer

NNU

Occupation

Labor Rep

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

360.00

Date of Receipt

08 / 31 / 2015

Transaction ID : C9818412

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Leslie Curtis

Mailing Address 1749 South Curtis Street

City

Pittsburg

State

PA

Zip Code

60608

FEC ID number of contributing
federal political committee.

C

Name of Employer

NNU

Occupation

Labor Rep

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

360.00

Date of Receipt

09 / 15 / 2015

Transaction ID : C9818413

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Leslie Curtis

Mailing Address 1749 South Curtis Street

City

Pittsburg

State

PA

Zip Code

60608

FEC ID number of contributing
federal political committee.

C

Name of Employer

NNU

Occupation

Labor Rep

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

360.00

Date of Receipt

09 / 30 / 2015

Transaction ID : C9818414

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

60.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 12 OF 67

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

National Nurses United PAC - A Fund for a Healthy America

Full Name (Last, First, Middle Initial)

A. Leslie Curtis

Mailing Address 1749 South Curtis Street

City

Pittsburg

State

PA

Zip Code

60608

FEC ID number of contributing
federal political committee.

C

Name of Employer

NNU

Occupation

Labor Rep

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		15		2015

Transaction ID : C9818406

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Leslie Curtis

Mailing Address 1749 South Curtis Street

City

Pittsburg

State

PA

Zip Code

60608

FEC ID number of contributing
federal political committee.

C

Name of Employer

NNU

Occupation

Labor Rep

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		31		2015

Transaction ID : C9818408

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Leslie Curtis

Mailing Address 1749 South Curtis Street

City

Pittsburg

State

PA

Zip Code

60608

FEC ID number of contributing
federal political committee.

C

Name of Employer

NNU

Occupation

Labor Rep

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		15		2015

Transaction ID : C9818407

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

60.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER:
(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Nurses United PAC - A Fund for a Healthy America

Full Name (Last, First, Middle Initial)

A. Leslie Curtis

Mailing Address 1749 South Curtis Street

City

Pittsburg

State

PA

Zip Code

60608

FEC ID number of contributing
federal political committee.

C

Name of Employer

NNU

Occupation

Labor Rep

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

360.00

Date of Receipt

11 / 30 / 2015

Transaction ID : C9818411

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Leslie Curtis

Mailing Address 1749 South Curtis Street

City

Pittsburg

State

PA

Zip Code

60608

FEC ID number of contributing
federal political committee.

C

Name of Employer

NNU

Occupation

Labor Rep

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

360.00

Date of Receipt

12 / 15 / 2015

Transaction ID : C9818409

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Leslie Curtis

Mailing Address 1749 South Curtis Street

City

Pittsburg

State

PA

Zip Code

60608

FEC ID number of contributing
federal political committee.

C

Name of Employer

NNU

Occupation

Labor Rep

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

360.00

Date of Receipt

12 / 31 / 2015

Transaction ID : C9818410

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 OF 67

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Nurses United PAC - A Fund for a Healthy America

Full Name (Last, First, Middle Initial)

A. Farah Davari

Mailing Address 10516 Almayo Ave

City State Zip Code
 Los Angeles CA 90064

FEC ID number of contributing federal political committee.

C

Name of Employer

CA Nurses Asso.

Occupation

Labor Rep

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 / 15 / 2015

Transaction ID : C9818214

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. Farah Davari

Mailing Address 10516 Almayo Ave

City State Zip Code
 Los Angeles CA 90064

FEC ID number of contributing federal political committee.

C

Name of Employer

CA Nurses Asso.

Occupation

Labor Rep

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 / 31 / 2015

Transaction ID : C9818215

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. Farah Davari

Mailing Address 10516 Almayo Ave

City State Zip Code
 Los Angeles CA 90064

FEC ID number of contributing federal political committee.

C

Name of Employer

CA Nurses Asso.

Occupation

Labor Rep

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 08 / 15 / 2015

Transaction ID : C9818216

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

90.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 15 OF 67
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

National Nurses United PAC - A Fund for a Healthy America

Full Name (Last, First, Middle Initial)

A. Farah Davari

Mailing Address 10516 Almayo Ave

City	State	Zip Code
Los Angeles	CA	90064

FEC ID number of contributing
federal political committee.

C

Name of Employer

CA Nurses Asso.

Occupation

Labor Rep

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2015

Transaction ID : C9818217

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. Farah Davari

Mailing Address 10516 Almayo Ave

City	State	Zip Code
Los Angeles	CA	90064

FEC ID number of contributing
federal political committee.

C

Name of Employer

CA Nurses Asso.

Occupation

Labor Rep

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		15		2015

Transaction ID : C9818219

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. Farah Davari

Mailing Address 10516 Almayo Ave

City	State	Zip Code
Los Angeles	CA	90064

FEC ID number of contributing
federal political committee.

C

Name of Employer

CA Nurses Asso.

Occupation

Labor Rep

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2015

Transaction ID : C9818218

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)..... ►

90.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 OF 67
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Nurses United PAC - A Fund for a Healthy America

Full Name (Last, First, Middle Initial)

A. Farah Davari

Mailing Address 10516 Almayo Ave

City State Zip Code
 Los Angeles CA 90064

FEC ID number of contributing
federal political committee.

C

Name of Employer

CA Nurses Asso.

Occupation

Labor Rep

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 15 / 2015

Transaction ID : C9818220

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. Farah Davari

Mailing Address 10516 Almayo Ave

City State Zip Code
 Los Angeles CA 90064

FEC ID number of contributing
federal political committee.

C

Name of Employer

CA Nurses Asso.

Occupation

Labor Rep

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 31 / 2015

Transaction ID : C9818221

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. Farah Davari

Mailing Address 10516 Almayo Ave

City State Zip Code
 Los Angeles CA 90064

FEC ID number of contributing
federal political committee.

C

Name of Employer

CA Nurses Asso.

Occupation

Labor Rep

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 15 / 2015

Transaction ID : C9818222

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)..... ►

90.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 OF 67
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Nurses United PAC - A Fund for a Healthy America

Full Name (Last, First, Middle Initial)

A. Farah Davari

Mailing Address 10516 Almayo Ave

City State Zip Code
 Los Angeles CA 90064

FEC ID number of contributing
federal political committee.

C

Name of Employer

CA Nurses Asso.

Occupation

Labor Rep

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 30 / 2015

Transaction ID : C9818223

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. Farah Davari

Mailing Address 10516 Almayo Ave

City State Zip Code
 Los Angeles CA 90064

FEC ID number of contributing
federal political committee.

C

Name of Employer

CA Nurses Asso.

Occupation

Labor Rep

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 / 15 / 2015

Transaction ID : C9818224

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. Farah Davari

Mailing Address 10516 Almayo Ave

City State Zip Code
 Los Angeles CA 90064

FEC ID number of contributing
federal political committee.

C

Name of Employer

CA Nurses Asso.

Occupation

Labor Rep

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 / 31 / 2015

Transaction ID : C9818225

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)..... ►

90.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Nurses United PAC - A Fund for a Healthy America

Full Name (Last, First, Middle Initial)

A. Ayesha E Dillon

Mailing Address 3375 Carlson Boulevard
 Apartment #4

City State Zip Code
 El Cerrito CA 94530-3940

FEC ID number of contributing
 federal political committee.

C

Name of Employer
 Kaiser Richmond Clinic

Occupation
 Staff Nurse li

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 / 11 / 2015

Transaction ID : C9815938

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Ayesha E Dillon

Mailing Address 3375 Carlson Boulevard
 Apartment #4

City State Zip Code
 El Cerrito CA 94530-3940

FEC ID number of contributing
 federal political committee.

C

Name of Employer
 Kaiser Richmond Clinic

Occupation
 Staff Nurse li

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 / 25 / 2015

Transaction ID : C9815939

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. Ayesha E Dillon

Mailing Address 3375 Carlson Boulevard
 Apartment #4

City State Zip Code
 El Cerrito CA 94530-3940

FEC ID number of contributing
 federal political committee.

C

Name of Employer
 Kaiser Richmond Clinic

Occupation
 Staff Nurse li

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 08 / 08 / 2015

Transaction ID : C9815940

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Nurses United PAC - A Fund for a Healthy America

Full Name (Last, First, Middle Initial)

A. Ayesha E Dillon

Mailing Address 3375 Carlson Boulevard
 Apartment #4

City State Zip Code
 El Cerrito CA 94530-3940

FEC ID number of contributing
 federal political committee.

C

Name of Employer

Kaiser Richmond Clinic

Occupation

Staff Nurse li

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 08 22 2015

Transaction ID : C9815941

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Ayesha E Dillon

Mailing Address 3375 Carlson Boulevard
 Apartment #4

City State Zip Code
 El Cerrito CA 94530-3940

FEC ID number of contributing
 federal political committee.

C

Name of Employer

Kaiser Richmond Clinic

Occupation

Staff Nurse li

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 05 2015

Transaction ID : C9815942

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. Ayesha E Dillon

Mailing Address 3375 Carlson Boulevard
 Apartment #4

City State Zip Code
 El Cerrito CA 94530-3940

FEC ID number of contributing
 federal political committee.

C

Name of Employer

Kaiser Richmond Clinic

Occupation

Staff Nurse li

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 19 2015

Transaction ID : C9815943

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

30.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Nurses United PAC - A Fund for a Healthy America

Full Name (Last, First, Middle Initial)

A. Ayesha E Dillon

Mailing Address 3375 Carlson Boulevard
 Apartment #4

City State Zip Code
 El Cerrito CA 94530-3940

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kaiser Richmond Clinic

Occupation

Staff Nurse li

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 03 / 2015

Transaction ID : C9815944

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Ayesha E Dillon

Mailing Address 3375 Carlson Boulevard
 Apartment #4

City State Zip Code
 El Cerrito CA 94530-3940

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kaiser Richmond Clinic

Occupation

Staff Nurse li

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 17 / 2015

Transaction ID : C9815945

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. Ayesha E Dillon

Mailing Address 3375 Carlson Boulevard
 Apartment #4

City State Zip Code
 El Cerrito CA 94530-3940

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kaiser Richmond Clinic

Occupation

Staff Nurse li

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 31 / 2015

Transaction ID : C9815946

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 21 OF 67

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Nurses United PAC - A Fund for a Healthy America

Full Name (Last, First, Middle Initial)

A. Ayesha E Dillon

Mailing Address 3375 Carlson Boulevard
 Apartment #4

City State Zip Code
 El Cerrito CA 94530-3940

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Kaiser Richmond Clinic

Occupation
 Staff Nurse li

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 14 / 2015

Transaction ID : C9815947

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Ayesha E Dillon

Mailing Address 3375 Carlson Boulevard
 Apartment #4

City State Zip Code
 El Cerrito CA 94530-3940

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Kaiser Richmond Clinic

Occupation
 Staff Nurse li

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 28 / 2015

Transaction ID : C9815948

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. Ayesha E Dillon

Mailing Address 3375 Carlson Boulevard
 Apartment #4

City State Zip Code
 El Cerrito CA 94530-3940

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Kaiser Richmond Clinic

Occupation
 Staff Nurse li

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

12 / 12 / 2015

Transaction ID : C9815949

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 22 OF 67
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

National Nurses United PAC - A Fund for a Healthy America

Full Name (Last, First, Middle Initial)

A. Ayesha E DillonMailing Address 3375 Carlson Boulevard
Apartment #4

City	State	Zip Code
El Cerrito	CA	94530-3940

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kaiser Richmond Clinic

Occupation

Staff Nurse li

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	26	/	2015

Transaction ID : C9815950

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Thomas Dunne

Mailing Address PO Box 4737

City	State	Zip Code
Berkeley	CA	91222

FEC ID number of contributing
federal political committee.

C

Name of Employer

California Nurses Asso

Occupation

Labor Rep

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	15	/	2015

Transaction ID : C9818464

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Thomas Dunne

Mailing Address PO Box 4737

City	State	Zip Code
Berkeley	CA	91222

FEC ID number of contributing
federal political committee.

C

Name of Employer

California Nurses Asso

Occupation

Labor Rep

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2015

Transaction ID : C9818463

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

110.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 OF 67

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Nurses United PAC - A Fund for a Healthy America

Full Name (Last, First, Middle Initial)

A. Thomas Dunne

Mailing Address PO Box 4737

City State Zip Code
 Berkeley CA 91222

FEC ID number of contributing federal political committee.

C

Name of Employer
 California Nurses Asso

Occupation
 Labor Rep

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 08 / 15 / 2015

Transaction ID : C9818462

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Thomas Dunne

Mailing Address PO Box 4737

City State Zip Code
 Berkeley CA 91222

FEC ID number of contributing federal political committee.

C

Name of Employer
 California Nurses Asso

Occupation
 Labor Rep

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 08 / 31 / 2015

Transaction ID : C9818459

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Thomas Dunne

Mailing Address PO Box 4737

City State Zip Code
 Berkeley CA 91222

FEC ID number of contributing federal political committee.

C

Name of Employer
 California Nurses Asso

Occupation
 Labor Rep

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 15 / 2015

Transaction ID : C9818461

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

150.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 24 OF 67
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Nurses United PAC - A Fund for a Healthy America

Full Name (Last, First, Middle Initial)

A. Thomas Dunne

Mailing Address PO Box 4737

City State Zip Code
 Berkeley CA 91222

FEC ID number of contributing
federal political committee.

C

Name of Employer
 California Nurses Asso

Occupation
 Labor Rep

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : C9818460

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Thomas Dunne

Mailing Address PO Box 4737

City State Zip Code
 Berkeley CA 91222

FEC ID number of contributing
federal political committee.

C

Name of Employer
 California Nurses Asso

Occupation
 Labor Rep

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 15 / 2015

Transaction ID : C9818454

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Thomas Dunne

Mailing Address PO Box 4737

City State Zip Code
 Berkeley CA 91222

FEC ID number of contributing
federal political committee.

C

Name of Employer
 California Nurses Asso

Occupation
 Labor Rep

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 31 / 2015

Transaction ID : C9818455

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

150.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 OF 67

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Nurses United PAC - A Fund for a Healthy America

Full Name (Last, First, Middle Initial)

A. Thomas Dunne

Mailing Address PO Box 4737

City State Zip Code
 Berkeley CA 91222

FEC ID number of contributing federal political committee.

C

Name of Employer
 California Nurses Asso

Occupation
 Labor Rep

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 15 / 2015

Transaction ID : C9818456

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Thomas Dunne

Mailing Address PO Box 4737

City State Zip Code
 Berkeley CA 91222

FEC ID number of contributing federal political committee.

C

Name of Employer
 California Nurses Asso

Occupation
 Labor Rep

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 30 / 2015

Transaction ID : C9818458

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Thomas Dunne

Mailing Address PO Box 4737

City State Zip Code
 Berkeley CA 91222

FEC ID number of contributing federal political committee.

C

Name of Employer
 California Nurses Asso

Occupation
 Labor Rep

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 / 15 / 2015

Transaction ID : C9818457

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

150.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 26 OF 67

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Nurses United PAC - A Fund for a Healthy America

Full Name (Last, First, Middle Initial)

A. Thomas Dunne

Mailing Address PO Box 4737

City

Berkeley

State

CA

Zip Code

91222

FEC ID number of contributing
federal political committee.

C

Name of Employer

California Nurses Asso

Occupation

Labor Rep

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 31 / 2015

Transaction ID : C9818465

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Michelle Grisat

Mailing Address 50 Landers St

City

San Francisco

State

CA

Zip Code

94114

FEC ID number of contributing
federal political committee.

C

Name of Employer

CA Nurses Asso.

Occupation

Educator/Researcher

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2015

Transaction ID : C9818238

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Michelle Grisat

Mailing Address 50 Landers St

City

San Francisco

State

CA

Zip Code

94114

FEC ID number of contributing
federal political committee.

C

Name of Employer

CA Nurses Asso.

Occupation

Educator/Researcher

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 31 / 2015

Transaction ID : C9818239

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

90.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 OF 67

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Nurses United PAC - A Fund for a Healthy America

Full Name (Last, First, Middle Initial)

A. Michelle Grisat

Mailing Address 50 Landers St

City State Zip Code
San Francisco CA 94114

FEC ID number of contributing
federal political committee.

C

Name of Employer

CA Nurses Asso.

Occupation

Educator/Researcher

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

08 / 15 / 2015

Transaction ID : C9818240

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Michelle Grisat

Mailing Address 50 Landers St

City State Zip Code
San Francisco CA 94114

FEC ID number of contributing
federal political committee.

C

Name of Employer

CA Nurses Asso.

Occupation

Educator/Researcher

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

08 / 31 / 2015

Transaction ID : C9818241

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Michelle Grisat

Mailing Address 50 Landers St

City State Zip Code
San Francisco CA 94114

FEC ID number of contributing
federal political committee.

C

Name of Employer

CA Nurses Asso.

Occupation

Educator/Researcher

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

09 / 15 / 2015

Transaction ID : C9818243

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

National Nurses United PAC - A Fund for a Healthy America

Full Name (Last, First, Middle Initial)

A. Michelle Grisat

Mailing Address 50 Landers St

City

San Francisco

State

CA

Zip Code

94114

FEC ID number of contributing
federal political committee.

C

Name of Employer

CA Nurses Asso.

Occupation

Educator/Researcher

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2015

Transaction ID : C9818242

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Michelle Grisat

Mailing Address 50 Landers St

City

San Francisco

State

CA

Zip Code

94114

FEC ID number of contributing
federal political committee.

C

Name of Employer

CA Nurses Asso.

Occupation

Educator/Researcher

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2015

Transaction ID : C9818244

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Michelle Grisat

Mailing Address 50 Landers St

City

San Francisco

State

CA

Zip Code

94114

FEC ID number of contributing
federal political committee.

C

Name of Employer

CA Nurses Asso.

Occupation

Educator/Researcher

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2015

Transaction ID : C9818245

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

60.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 OF 67
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Nurses United PAC - A Fund for a Healthy America

Full Name (Last, First, Middle Initial)

A. Michelle Grisat

Mailing Address 50 Landers St

City State Zip Code
 San Francisco CA 94114

FEC ID number of contributing
federal political committee.

C

Name of Employer

CA Nurses Asso.

Occupation

Educator/Researcher

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 15 / 2015

Transaction ID : C9818246

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Michelle Grisat

Mailing Address 50 Landers St

City State Zip Code
 San Francisco CA 94114

FEC ID number of contributing
federal political committee.

C

Name of Employer

CA Nurses Asso.

Occupation

Educator/Researcher

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 30 / 2015

Transaction ID : C9818247

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Michelle Grisat

Mailing Address 50 Landers St

City State Zip Code
 San Francisco CA 94114

FEC ID number of contributing
federal political committee.

C

Name of Employer

CA Nurses Asso.

Occupation

Educator/Researcher

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 / 15 / 2015

Transaction ID : C9818248

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

60.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 OF 67
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Nurses United PAC - A Fund for a Healthy America

Full Name (Last, First, Middle Initial)

A. Michelle Grisat

Mailing Address 50 Landers St

City State Zip Code
 San Francisco CA 94114

FEC ID number of contributing
federal political committee.

C

Name of Employer

CA Nurses Asso.

Occupation

Educator/Researcher

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 31 2015

Transaction ID : C9818249

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Marcia E. Hogue

Mailing Address 8609 Hawley Way

City State Zip Code
 Elk Grove CA 95624-4575

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kaiser So Sac

Occupation

STAFF NURSE III

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 11 2015

Transaction ID : C9816362

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. Marcia E. Hogue

Mailing Address 8609 Hawley Way

City State Zip Code
 Elk Grove CA 95624-4575

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kaiser So Sac

Occupation

STAFF NURSE III

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 25 2015

Transaction ID : C9816363

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

40.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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FOR LINE NUMBER:
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PAGE 31 OF 67

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Nurses United PAC - A Fund for a Healthy America

Full Name (Last, First, Middle Initial)

A. Marcia E. Hogue

Mailing Address 8609 Hawley Way

City

Elk Grove

State

CA

Zip Code

95624-4575

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kaiser So Sac

Occupation

STAFF NURSE III

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 08 / 2015

Transaction ID : C9816364

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Marcia E. Hogue

Mailing Address 8609 Hawley Way

City

Elk Grove

State

CA

Zip Code

95624-4575

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kaiser So Sac

Occupation

STAFF NURSE III

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 22 / 2015

Transaction ID : C9816365

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. Marcia E. Hogue

Mailing Address 8609 Hawley Way

City

Elk Grove

State

CA

Zip Code

95624-4575

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kaiser So Sac

Occupation

STAFF NURSE III

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 05 / 2015

Transaction ID : C9816366

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

30.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 32 OF 67

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Nurses United PAC - A Fund for a Healthy America

Full Name (Last, First, Middle Initial)

A. Marcia E. Hogue

Mailing Address 8609 Hawley Way

City State Zip Code
 Elk Grove CA 95624-4575

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kaiser So Sac

Occupation

STAFF NURSE III

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 19 / 2015

Transaction ID : C9816367

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Marcia E. Hogue

Mailing Address 8609 Hawley Way

City State Zip Code
 Elk Grove CA 95624-4575

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kaiser So Sac

Occupation

STAFF NURSE III

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 03 / 2015

Transaction ID : C9816368

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. Marcia E. Hogue

Mailing Address 8609 Hawley Way

City State Zip Code
 Elk Grove CA 95624-4575

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kaiser So Sac

Occupation

STAFF NURSE III

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 17 / 2015

Transaction ID : C9816369

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 33 OF 67

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

National Nurses United PAC - A Fund for a Healthy America

Full Name (Last, First, Middle Initial)

A. Marcia E. Hogue

Mailing Address 8609 Hawley Way

City

Elk Grove

State

CA

Zip Code

95624-4575

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kaiser So Sac

Occupation

STAFF NURSE III

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2015

Transaction ID : C9816370

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Marcia E. Hogue

Mailing Address 8609 Hawley Way

City

Elk Grove

State

CA

Zip Code

95624-4575

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kaiser So Sac

Occupation

STAFF NURSE III

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		14		2015

Transaction ID : C9816371

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. Marcia E. Hogue

Mailing Address 8609 Hawley Way

City

Elk Grove

State

CA

Zip Code

95624-4575

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kaiser So Sac

Occupation

STAFF NURSE III

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		28		2015

Transaction ID : C9816372

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

30.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 34 OF 67

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Nurses United PAC - A Fund for a Healthy America

Full Name (Last, First, Middle Initial)

A. Marcia E. Hogue

Mailing Address 8609 Hawley Way

City

Elk Grove

State

CA

Zip Code

95624-4575

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kaiser So Sac

Occupation

STAFF NURSE III

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 12 / 2015

Transaction ID : C9816373

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Marcia E. Hogue

Mailing Address 8609 Hawley Way

City

Elk Grove

State

CA

Zip Code

95624-4575

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kaiser So Sac

Occupation

STAFF NURSE III

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 26 / 2015

Transaction ID : C9816374

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. Paula Littles

Mailing Address 5712 Netleaf Rd

City

Austin

State

TX

Zip Code

78724

FEC ID number of contributing
federal political committee.

C

Name of Employer

CA Nurses Asso.

Occupation

Organizer

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2015

Transaction ID : C9818262

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

45.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 35 OF 67
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Nurses United PAC - A Fund for a Healthy America

Full Name (Last, First, Middle Initial)

A. Paula Littles

Mailing Address 5712 Netleaf Rd

City State Zip Code
Austin TX 78724

FEC ID number of contributing
federal political committee.

C

Name of Employer

CA Nurses Asso.

Occupation

Organizer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 31 / 2015

Transaction ID : C9818263

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. Paula Littles

Mailing Address 5712 Netleaf Rd

City State Zip Code
Austin TX 78724

FEC ID number of contributing
federal political committee.

C

Name of Employer

CA Nurses Asso.

Occupation

Organizer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2015

Transaction ID : C9818264

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. Paula Littles

Mailing Address 5712 Netleaf Rd

City State Zip Code
Austin TX 78724

FEC ID number of contributing
federal political committee.

C

Name of Employer

CA Nurses Asso.

Occupation

Organizer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 31 / 2015

Transaction ID : C9818265

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

75.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 OF 67
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Nurses United PAC - A Fund for a Healthy America

Full Name (Last, First, Middle Initial)

A. Paula Littles

Mailing Address 5712 Netleaf Rd

City State Zip Code
Austin TX 78724

FEC ID number of contributing
federal political committee.

C

Name of Employer

CA Nurses Asso.

Occupation

Organizer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 15 / 2015

Transaction ID : C9818266

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. Paula Littles

Mailing Address 5712 Netleaf Rd

City State Zip Code
Austin TX 78724

FEC ID number of contributing
federal political committee.

C

Name of Employer

CA Nurses Asso.

Occupation

Organizer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2015

Transaction ID : C9818267

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. Paula Littles

Mailing Address 5712 Netleaf Rd

City State Zip Code
Austin TX 78724

FEC ID number of contributing
federal political committee.

C

Name of Employer

CA Nurses Asso.

Occupation

Organizer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 15 / 2015

Transaction ID : C9818268

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

75.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 37 OF 67

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Nurses United PAC - A Fund for a Healthy America

Full Name (Last, First, Middle Initial)

A. Paula Littles

Mailing Address 5712 Netleaf Rd

City State Zip Code
 Austin TX 78724

FEC ID number of contributing
federal political committee.

C

Name of Employer

CA Nurses Asso.

Occupation

Organizer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 31 2015

Transaction ID : C9818269

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. Paula Littles

Mailing Address 5712 Netleaf Rd

City State Zip Code
 Austin TX 78724

FEC ID number of contributing
federal political committee.

C

Name of Employer

CA Nurses Asso.

Occupation

Organizer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 15 2015

Transaction ID : C9818270

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. Paula Littles

Mailing Address 5712 Netleaf Rd

City State Zip Code
 Austin TX 78724

FEC ID number of contributing
federal political committee.

C

Name of Employer

CA Nurses Asso.

Occupation

Organizer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 30 2015

Transaction ID : C9818271

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

75.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 38 OF 67

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Full Name (Last, First, Middle Initial)

A. Paula Littles

Mailing Address 5712 Netleaf Rd

City

Austin

State

TX

Zip Code

78724

FEC ID number of contributing
federal political committee.

C

Name of Employer

CA Nurses Asso.

Occupation

Organizer

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
12	/	15	/	2015

Transaction ID : C9818272

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. Paula Littles

Mailing Address 5712 Netleaf Rd

City

Austin

State

TX

Zip Code

78724

FEC ID number of contributing
federal political committee.

C

Name of Employer

CA Nurses Asso.

Occupation

Organizer

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : C9818273

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. Shelly-Ann A Lynch-Small

Mailing Address 3050 52nd Ave S

City

St Petersburg

State

FL

Zip Code

33713

FEC ID number of contributing
federal political committee.

C

Name of Employer

Northside

Occupation

RN Critical Care

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
07	/	04	/	2015

Transaction ID : C9818016

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

60.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 39 OF 67

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

National Nurses United PAC - A Fund for a Healthy America

Full Name (Last, First, Middle Initial)

A. Shelly-Ann A Lynch-Small

Mailing Address 3050 52nd Ave S

City

St Petersburg

State

FL

Zip Code

33713

FEC ID number of contributing
federal political committee.

C

Name of Employer

Northside

Occupation

RN Critical Care

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	7		1	8		2	0	1	5		

Transaction ID : C9818021

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Shelly-Ann A Lynch-Small

Mailing Address 3050 52nd Ave S

City

St Petersburg

State

FL

Zip Code

33713

FEC ID number of contributing
federal political committee.

C

Name of Employer

Northside

Occupation

RN Critical Care

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8		1	5		2	0	1	5		

Transaction ID : C9818032

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. Shelly-Ann A Lynch-Small

Mailing Address 3050 52nd Ave S

City

St Petersburg

State

FL

Zip Code

33713

FEC ID number of contributing
federal political committee.

C

Name of Employer

Northside

Occupation

RN Critical Care

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8		2	9		2	0	1	5		

Transaction ID : C9818052

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

30.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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PAGE 40 OF 67

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Nurses United PAC - A Fund for a Healthy America

Full Name (Last, First, Middle Initial)

A. Shelly-Ann A Lynch-Small

Mailing Address 3050 52nd Ave S

City

St Petersburg

State

FL

Zip Code

33713

FEC ID number of contributing
federal political committee.

C

Name of Employer

Northside

Occupation

RN Critical Care

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 12 / 2015

Transaction ID : C9818053

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Shelly-Ann A Lynch-Small

Mailing Address 3050 52nd Ave S

City

St Petersburg

State

FL

Zip Code

33713

FEC ID number of contributing
federal political committee.

C

Name of Employer

Northside

Occupation

RN Critical Care

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 26 / 2015

Transaction ID : C9818054

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. Shelly-Ann A Lynch-Small

Mailing Address 3050 52nd Ave S

City

St Petersburg

State

FL

Zip Code

33713

FEC ID number of contributing
federal political committee.

C

Name of Employer

Northside

Occupation

RN Critical Care

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 10 / 2015

Transaction ID : C9818055

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

30.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

National Nurses United PAC - A Fund for a Healthy America

Full Name (Last, First, Middle Initial)

A. Shelly-Ann A Lynch-Small

Mailing Address 3050 52nd Ave S

City

St Petersburg

State

FL

Zip Code

33713

FEC ID number of contributing
federal political committee.

C

Name of Employer

Northside

Occupation

RN Critical Care

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			24			2015					

Transaction ID : C9818056

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Shelly-Ann A Lynch-Small

Mailing Address 3050 52nd Ave S

City

St Petersburg

State

FL

Zip Code

33713

FEC ID number of contributing
federal political committee.

C

Name of Employer

Northside

Occupation

RN Critical Care

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11			07			2015					

Transaction ID : C9818082

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. Shelly-Ann A Lynch-Small

Mailing Address 3050 52nd Ave S

City

St Petersburg

State

FL

Zip Code

33713

FEC ID number of contributing
federal political committee.

C

Name of Employer

Northside

Occupation

RN Critical Care

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11			21			2015					

Transaction ID : C9818083

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

30.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 42 OF 67

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Nurses United PAC - A Fund for a Healthy America

Full Name (Last, First, Middle Initial)

A. Shelly-Ann A Lynch-Small

Mailing Address 3050 52nd Ave S

City

St Petersburg

State

FL

Zip Code

33713

FEC ID number of contributing
federal political committee.

C

Name of Employer

Northside

Occupation

RN Critical Care

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 05 / 2015

Transaction ID : C9818084

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Shelly-Ann A Lynch-Small

Mailing Address 3050 52nd Ave S

City

St Petersburg

State

FL

Zip Code

33713

FEC ID number of contributing
federal political committee.

C

Name of Employer

Northside

Occupation

RN Critical Care

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 19 / 2015

Transaction ID : C9818085

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. Teodolinda Sekins

Mailing Address 2911 Walton Ct

City

Pinole

State

CA

Zip Code

94564-1030

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kaiser Walnut Creek

Occupation

Staff Nurse li

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 11 / 2015

Transaction ID : C9817507

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

30.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 43 OF 67

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Nurses United PAC - A Fund for a Healthy America

Full Name (Last, First, Middle Initial)

A. Teodolinda Sekins

Mailing Address 2911 Walton Ct

City

State

Zip Code

Pinole

CA

94564-1030

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Kaiser Walnut Creek

Staff Nurse li

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 25 / 2015

Transaction ID : C9817508

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Teodolinda Sekins

Mailing Address 2911 Walton Ct

City

State

Zip Code

Pinole

CA

94564-1030

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Kaiser Walnut Creek

Staff Nurse li

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 08 / 2015

Transaction ID : C9817509

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. Teodolinda Sekins

Mailing Address 2911 Walton Ct

City

State

Zip Code

Pinole

CA

94564-1030

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Kaiser Walnut Creek

Staff Nurse li

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 22 / 2015

Transaction ID : C9817510

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

30.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 OF 67

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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National Nurses United PAC - A Fund for a Healthy America

Full Name (Last, First, Middle Initial)

A. Teodolinda Sekins

Mailing Address 2911 Walton Ct

City State Zip Code
 Pinole CA 94564-1030

FEC ID number of contributing federal political committee.

C

Name of Employer
 Kaiser Walnut Creek

Occupation
 Staff Nurse li

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 05 / 2015

Transaction ID : C9817511

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Teodolinda Sekins

Mailing Address 2911 Walton Ct

City State Zip Code
 Pinole CA 94564-1030

FEC ID number of contributing federal political committee.

C

Name of Employer
 Kaiser Walnut Creek

Occupation
 Staff Nurse li

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 19 / 2015

Transaction ID : C9817512

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. Teodolinda Sekins

Mailing Address 2911 Walton Ct

City State Zip Code
 Pinole CA 94564-1030

FEC ID number of contributing federal political committee.

C

Name of Employer
 Kaiser Walnut Creek

Occupation
 Staff Nurse li

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 03 / 2015

Transaction ID : C9817513

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Nurses United PAC - A Fund for a Healthy America

Full Name (Last, First, Middle Initial)

A. Teodolinda Sekins

Mailing Address 2911 Walton Ct

City State Zip Code
 Pinole CA 94564-1030

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Kaiser Walnut Creek

Occupation
 Staff Nurse li

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 17 / 2015

Transaction ID : C9817514

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Teodolinda Sekins

Mailing Address 2911 Walton Ct

City State Zip Code
 Pinole CA 94564-1030

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Kaiser Walnut Creek

Occupation
 Staff Nurse li

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 31 / 2015

Transaction ID : C9817515

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. Teodolinda Sekins

Mailing Address 2911 Walton Ct

City State Zip Code
 Pinole CA 94564-1030

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Kaiser Walnut Creek

Occupation
 Staff Nurse li

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 14 / 2015

Transaction ID : C9817516

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 46 OF 67

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Nurses United PAC - A Fund for a Healthy America

Full Name (Last, First, Middle Initial)

A. Teodolinda Sekins

Mailing Address 2911 Walton Ct

City State Zip Code
 Pinole CA 94564-1030

FEC ID number of contributing federal political committee.

C

Name of Employer
 Kaiser Walnut Creek

Occupation
 Staff Nurse li

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 28 / 2015

Transaction ID : C9817517

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Teodolinda Sekins

Mailing Address 2911 Walton Ct

City State Zip Code
 Pinole CA 94564-1030

FEC ID number of contributing federal political committee.

C

Name of Employer
 Kaiser Walnut Creek

Occupation
 Staff Nurse li

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 / 12 / 2015

Transaction ID : C9817518

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. Teodolinda Sekins

Mailing Address 2911 Walton Ct

City State Zip Code
 Pinole CA 94564-1030

FEC ID number of contributing federal political committee.

C

Name of Employer
 Kaiser Walnut Creek

Occupation
 Staff Nurse li

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 / 26 / 2015

Transaction ID : C9817519

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00

SCHEDULE A (FEC Form 3X)
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(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

National Nurses United PAC - A Fund for a Healthy America

Full Name (Last, First, Middle Initial)

A. Brandie A Stewart

Mailing Address 6705 34th Ave W

City

Bradenton

State

FL

Zip Code

34209

FEC ID number of contributing
federal political committee.

C

Name of Employer

Blake

Occupation

RN Specialty

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		04		2015

Transaction ID : C9817904

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Brandie A Stewart

Mailing Address 6705 34th Ave W

City

Bradenton

State

FL

Zip Code

34209

FEC ID number of contributing
federal political committee.

C

Name of Employer

Blake

Occupation

RN Specialty

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		18		2015

Transaction ID : C9817912

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. Brandie A Stewart

Mailing Address 6705 34th Ave W

City

Bradenton

State

FL

Zip Code

34209

FEC ID number of contributing
federal political committee.

C

Name of Employer

Blake

Occupation

RN Specialty

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		11		2015

Transaction ID : C9817920

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

30.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

National Nurses United PAC - A Fund for a Healthy America

Full Name (Last, First, Middle Initial)

A. Brandie A Stewart

Mailing Address 6705 34th Ave W

City State Zip Code
 Bradenton FL 34209

FEC ID number of contributing
federal political committee.

C

Name of Employer

Blake

Occupation

RN Specialty

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 08 / 15 / 2015

Transaction ID : C9817928

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Brandie A Stewart

Mailing Address 6705 34th Ave W

City State Zip Code
 Bradenton FL 34209

FEC ID number of contributing
federal political committee.

C

Name of Employer

Blake

Occupation

RN Specialty

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 08 / 29 / 2015

Transaction ID : C9817937

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. Brandie A Stewart

Mailing Address 6705 34th Ave W

City State Zip Code
 Bradenton FL 34209

FEC ID number of contributing
federal political committee.

C

Name of Employer

Blake

Occupation

RN Specialty

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 12 / 2015

Transaction ID : C9817946

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

National Nurses United PAC - A Fund for a Healthy America

Full Name (Last, First, Middle Initial)

A. Brandie A Stewart

Mailing Address 6705 34th Ave W

City State Zip Code
 Bradenton FL 34209

FEC ID number of contributing
federal political committee.

C

Name of Employer

Blake

Occupation

RN Specialty

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 26 / 2015

Transaction ID : C9817954

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Brandie A Stewart

Mailing Address 6705 34th Ave W

City State Zip Code
 Bradenton FL 34209

FEC ID number of contributing
federal political committee.

C

Name of Employer

Blake

Occupation

RN Specialty

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 10 / 2015

Transaction ID : C9817967

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. Brandie A Stewart

Mailing Address 6705 34th Ave W

City State Zip Code
 Bradenton FL 34209

FEC ID number of contributing
federal political committee.

C

Name of Employer

Blake

Occupation

RN Specialty

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 24 / 2015

Transaction ID : C9818007

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Nurses United PAC - A Fund for a Healthy America

Full Name (Last, First, Middle Initial)

A. Brandie A Stewart

Mailing Address 6705 34th Ave W

City

Bradenton

State

FL

Zip Code

34209

FEC ID number of contributing
federal political committee.

C

Name of Employer

Blake

Occupation

RN Specialty

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

11 / 07 / 2015

Transaction ID : C9818006

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Brandie A Stewart

Mailing Address 6705 34th Ave W

City

Bradenton

State

FL

Zip Code

34209

FEC ID number of contributing
federal political committee.

C

Name of Employer

Blake

Occupation

RN Specialty

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

11 / 21 / 2015

Transaction ID : C9818004

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. Brandie A Stewart

Mailing Address 6705 34th Ave W

City

Bradenton

State

FL

Zip Code

34209

FEC ID number of contributing
federal political committee.

C

Name of Employer

Blake

Occupation

RN Specialty

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

12 / 05 / 2015

Transaction ID : C9818003

Amount of Each Receipt this Period

10.00

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30.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Nurses United PAC - A Fund for a Healthy America

Full Name (Last, First, Middle Initial)

A. Brandie A Stewart

Mailing Address 6705 34th Ave W

City

Bradenton

State

FL

Zip Code

34209

FEC ID number of contributing
federal political committee.

C

Name of Employer

Blake

Occupation

RN Specialty

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 19 / 2015

Transaction ID : C9818005

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Roselily A Story

Mailing Address 1624 52nd Street S

City

Gulfport

State

FL

Zip Code

33707

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. Petersburg

Occupation

RN Med/Surg

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 04 / 2015

Transaction ID : C9818164

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. Roselily A Story

Mailing Address 1624 52nd Street S

City

Gulfport

State

FL

Zip Code

33707

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. Petersburg

Occupation

RN Med/Surg

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 18 / 2015

Transaction ID : C9818165

Amount of Each Receipt this Period

10.00

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30.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

National Nurses United PAC - A Fund for a Healthy America

Full Name (Last, First, Middle Initial)

A. Roselily A Story

Mailing Address 1624 52nd Street S

City State Zip Code
 Gulfport FL 33707

FEC ID number of contributing federal political committee.

C

Name of Employer

St. Petersburg

Occupation

RN Med/Surg

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 08 / 11 / 2015

Transaction ID : C9818166

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Roselily A Story

Mailing Address 1624 52nd Street S

City State Zip Code
 Gulfport FL 33707

FEC ID number of contributing federal political committee.

C

Name of Employer

St. Petersburg

Occupation

RN Med/Surg

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 08 / 15 / 2015

Transaction ID : C9818167

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. Roselily A Story

Mailing Address 1624 52nd Street S

City State Zip Code
 Gulfport FL 33707

FEC ID number of contributing federal political committee.

C

Name of Employer

St. Petersburg

Occupation

RN Med/Surg

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 08 / 29 / 2015

Transaction ID : C9818168

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

30.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

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National Nurses United PAC - A Fund for a Healthy America

Full Name (Last, First, Middle Initial)

A. Roselily A Story

Mailing Address 1624 52nd Street S

City State Zip Code
 Gulfport FL 33707

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. Petersburg

Occupation

RN Med/Surg

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 12 / 2015

Transaction ID : C9818169

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Roselily A Story

Mailing Address 1624 52nd Street S

City State Zip Code
 Gulfport FL 33707

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. Petersburg

Occupation

RN Med/Surg

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 26 / 2015

Transaction ID : C9818170

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. Roselily A Story

Mailing Address 1624 52nd Street S

City State Zip Code
 Gulfport FL 33707

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. Petersburg

Occupation

RN Med/Surg

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 10 / 2015

Transaction ID : C9818171

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

National Nurses United PAC - A Fund for a Healthy America

Full Name (Last, First, Middle Initial)

A. Roselily A Story

Mailing Address 1624 52nd Street S

City State Zip Code
 Gulfport FL 33707

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. Petersburg

Occupation

RN Med/Surg

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 24 2015

Transaction ID : C9818172

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Roselily A Story

Mailing Address 1624 52nd Street S

City State Zip Code
 Gulfport FL 33707

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. Petersburg

Occupation

RN Med/Surg

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 07 2015

Transaction ID : C9818173

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. Roselily A Story

Mailing Address 1624 52nd Street S

City State Zip Code
 Gulfport FL 33707

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. Petersburg

Occupation

RN Med/Surg

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 21 2015

Transaction ID : C9818174

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

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30.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

National Nurses United PAC - A Fund for a Healthy America

Full Name (Last, First, Middle Initial)

A. Roselily A Story

Mailing Address 1624 52nd Street S

City State Zip Code
 Gulfport FL 33707

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. Petersburg

Occupation

RN Med/Surg

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 05 2015

Transaction ID : C9818175

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Roselily A Story

Mailing Address 1624 52nd Street S

City State Zip Code
 Gulfport FL 33707

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. Petersburg

Occupation

RN Med/Surg

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 19 2015

Transaction ID : C9818176

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

20.00

3110.00

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

National Nurses United PAC - A Fund for a Healthy America

A. Chase Bank

Category/
Type

30.00

State: District:

B. Chase Bank

MM / DD / YYYY

Category/
Type

Age Group	Percentage
18-24	28.00
25-34	25.00
35-44	22.00
45-54	18.00
55-64	15.00
65-74	12.00
75-84	10.00
85+	5.00

State: District:

C. Chase Bank

Category/
Type

30.00

State: District:

Age Group	Percentage
18-24	10%
25-34	15%
35-44	20%
45-54	25%
55-64	30%
65-74	35%
75-84	40%
85+	90%

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

National Nurses United PAC - A Fund for a Healthy America

Full Name (Last, First, Middle Initial)

A. Chase Bank

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		13		2015

Mailing Address 350 20th Street

City	State	Zip Code
Oakland	CA	94612

Transaction ID : D709324Purpose of Disbursement
Bank fee for PAC

Amount of Each Disbursement this Period

Candidate Name

Category/ Type

30.00

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
-------------------	---

Full Name (Last, First, Middle Initial)

B. Chase Bank

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2015

Mailing Address 350 20th Street

City	State	Zip Code
Oakland	CA	94612

Transaction ID : D709325Purpose of Disbursement
Bank fee for PAC

Amount of Each Disbursement this Period

Candidate Name

Category/ Type

30.00

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
-------------------	---

Full Name (Last, First, Middle Initial)

C. Chase Bank

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		10		2015

Mailing Address 350 20th Street

City	State	Zip Code
Oakland	CA	94612

Transaction ID : D709326Purpose of Disbursement
Bank fee for PAC

Amount of Each Disbursement this Period

Candidate Name

Category/ Type

30.00

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
-------------------	---

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

90.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

National Nurses United PAC - A Fund for a Healthy America

Full Name (Last, First, Middle Initial)

A. SunTrust

Mailing Address PO Box 62227

City Orlando State FL Zip Code 32862-2227

Purpose of Disbursement
Credit card processing fee for PAC

Candidate Name

Office Sought: ☐ House
 ☐ Senate
 ☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 13 2015
Transaction ID : D709347

Amount of Each Disbursement this Period

64.90

Full Name (Last, First, Middle Initial)

B. SunTrust

Mailing Address PO Box 62227

City Orlando State FL Zip Code 32862-2227

Purpose of Disbursement
Credit card processing fee for PAC

Candidate Name

Office Sought: ☐ House
 ☐ Senate
 ☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 11 2015
Transaction ID : D709348

Amount of Each Disbursement this Period

64.90

Full Name (Last, First, Middle Initial)

C. SunTrust

Mailing Address PO Box 62227

City Orlando State FL Zip Code 32862-2227

Purpose of Disbursement
Credit card processing fee for PAC

Candidate Name

Office Sought: ☐ House
 ☐ Senate
 ☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 11 2015
Transaction ID : D709349

Amount of Each Disbursement this Period

64.90

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

194.70

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

National Nurses United PAC - A Fund for a Healthy America

Full Name (Last, First, Middle Initial)

A. SunTrust

Mailing Address PO Box 62227

City Orlando State FL Zip Code 32862-2227

Purpose of Disbursement
Credit card processing fee for PAC

Candidate Name

Office Sought: ☐ House
 ☐ Senate
 ☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 14 2015
Transaction ID : D709350

Amount of Each Disbursement this Period

64.30

Full Name (Last, First, Middle Initial)

B. SunTrust

Mailing Address PO Box 62227

City Orlando State FL Zip Code 32862-2227

Purpose of Disbursement
Credit card processing fee for PAC

Candidate Name

Office Sought: ☐ House
 ☐ Senate
 ☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 12 2015
Transaction ID : D709351

Amount of Each Disbursement this Period

64.90

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
 ☐ Senate
 ☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

129.20

734.40

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Nurses United PAC - A Fund for a Healthy America

Full Name (Last, First, Middle Initial)

A. A WHOLE LOT OF PEOPLE FOR GRIJALVA CONGRESSIONAL C

Mailing Address PO Box 1242

City	State	Zip Code
Tucson	AZ	85702

Purpose of Disbursement
Contribution

Candidate Name

Raul M. GrijalvaOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: AZ District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	24	/	2015

Transaction ID : D709352

Amount of Each Disbursement this Period

750.00

Full Name (Last, First, Middle Initial)

B. ALAN LOWENTHAL FOR CONGRESS

Mailing Address 16633 VENTURA BLVD # 1008

City	State	Zip Code
ENCINO	CA	91436

Purpose of Disbursement
Contribution

Candidate Name

ALAN LOWENTHALOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 47

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	24	/	2015

Transaction ID : D709318

Amount of Each Disbursement this Period

750.00

Full Name (Last, First, Middle Initial)

C. Barbara Lee for CongressMailing Address 449 15th St
Ste 408

City	State	Zip Code
Oakland	CA	94612-2831

Purpose of Disbursement
Contribution

Candidate Name

Barbara LeeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 13

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	24	/	2015

Transaction ID : D709319

Amount of Each Disbursement this Period

750.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2250.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Nurses United PAC - A Fund for a Healthy America

Full Name (Last, First, Middle Initial)

A. CARTWRIGHT FOR CONGRESS

Mailing Address PO BOX 414

City	State	Zip Code
SCRANTON	PA	18501

Purpose of Disbursement
Contribution

Candidate Name

MATT CARTWRIGHTOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 17

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		24		2015

Transaction ID : D709320

Amount of Each Disbursement this Period

750.00

Full Name (Last, First, Middle Initial)

B. Citizens for Eleanor Holmes NortonMailing Address 2201 Wisconsin Ave NW
Ste 320

City	State	Zip Code
Washington	DC	20007-4105

Purpose of Disbursement
Contribution

Candidate Name

Eleanor Holmes NortonOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: DC District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		24		2015

Transaction ID : D709332

Amount of Each Disbursement this Period

750.00

Full Name (Last, First, Middle Initial)

C. Conyers for Congress

Mailing Address 1833 E Jefferson Ave

City	State	Zip Code
Detroit	MI	48207-4130

Purpose of Disbursement
Contribution

Candidate Name

John ConyersOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: MI District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		24		2015

Transaction ID : D709333

Amount of Each Disbursement this Period

750.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

2250.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Nurses United PAC - A Fund for a Healthy America

Full Name (Last, First, Middle Initial)

A. Ellison for Congress

Mailing Address PO Box 6072

City	State	Zip Code
Minneapolis	MN	55406

Purpose of Disbursement
Contribution

Candidate Name

Keith EllisonOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: MN District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		24		2015

Transaction ID : D709334

Amount of Each Disbursement this Period

750.00

Full Name (Last, First, Middle Initial)

B. Garamendi for CongressMailing Address 1050 17th St NW
Ste 590

City	State	Zip Code
Washington	DC	20036-5592

Purpose of Disbursement
Contribution

Candidate Name

John GaramendiOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		24		2015

Transaction ID : D709335

Amount of Each Disbursement this Period

750.00

Full Name (Last, First, Middle Initial)

C. HASTINGS FOR CONGRESS

Mailing Address P.O. BOX 100277

City	State	Zip Code
FT. LAUDERDALE	FL	33310

Purpose of Disbursement
Contribution

Candidate Name

ALCEE L HASTINGSOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 20

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		24		2015

Transaction ID : D709336

Amount of Each Disbursement this Period

750.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2250.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 66 OF 67

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Nurses United PAC - A Fund for a Healthy America

Full Name (Last, First, Middle Initial)

A. Mark Pocan for Congress

Mailing Address 309 N Baldwin St

City Madison	State WI	Zip Code 53703-1701
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Purpose of Disbursement
Contribution

Candidate Name

Mark PocanOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: WI District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		24		2015

Transaction ID : D709343

Amount of Each Disbursement this Period

750.00

Full Name (Last, First, Middle Initial)

B. Mark Takano for Congress

Mailing Address PO Box 5214

City Riverside	State CA	Zip Code 92517-5214
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Purpose of Disbursement
Contribution

Candidate Name

Mark TakanoOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 41

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		24		2015

Transaction ID : D709340

Amount of Each Disbursement this Period

750.00

Full Name (Last, First, Middle Initial)

C. Mike Honda for CongressMailing Address 123 E San Carlos St
C/O CONTRIBUTION SOLUTIONS, LLC

City San Jose	State CA	Zip Code 95112-3680
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Purpose of Disbursement
Contribution

Candidate Name

Mike HondaOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 17

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		24		2015

Transaction ID : D709341

Amount of Each Disbursement this Period

750.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

2250.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Nurses United PAC - A Fund for a Healthy America

Full Name (Last, First, Middle Initial)

A. Nolan for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		24		2015

Mailing Address 1718 E Speedway Blvd
140

City Tucson State AZ Zip Code 85719-4515

Purpose of Disbursement
Contribution

Candidate Name

David F NolanCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ President
State: AZ District: 08Disbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼**Transaction ID : D709342**

Amount of Each Disbursement this Period

750.00

Full Name (Last, First, Middle Initial)

B. Re-Elect McGovern Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		24		2015

Mailing Address PO Box 60405

City Worcester State MA Zip Code 01606-0405

Purpose of Disbursement
Contribution

Candidate Name

Jim McGovernCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ President
State: MA District: 03Disbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼**Transaction ID : D709344**

Amount of Each Disbursement this Period

750.00

Full Name (Last, First, Middle Initial)

C. Schakowsky for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		24		2015

Mailing Address PO Box 5130

City Evanston State IL Zip Code 60204-5130

Purpose of Disbursement
Contribution

Candidate Name

Janice D. SchakowskyCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ President
State: IL District: 09Disbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼**Transaction ID : D709345**

Amount of Each Disbursement this Period

750.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2250.00

13500.00